

ISSUE SLIP \*TABLE AREA (for additional cross references)

POSITION	DETAILS	ID NO.	DATE
	12		02/15/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	Low	32	3/6
FORMALITY REVIEW	1a	10864	6/15/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	5/02
2	11/02
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If more than 150 claims or 10 actions  
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Best Available Copy